

STATE OF ARKANSAS  
APPLICATION FOR  
AMUSEMENT AND MUSIC MACHINE OPERATORS PERMIT  
(Expires June 30th after date of issue)

Mail or bring with payment to:

Miscellaneous Tax Section

7th and Wolfe St. - Room 230

P.O. Box 896

Little Rock AR 72203

Phone: (501) 682-7187

Name

Date: \_\_\_\_\_

Bus: Ph. \_\_\_\_\_

Emergency

Phone: \_\_\_\_\_

Address

Zip

1. If applicable give current permit number \_\_\_\_\_, Check one: \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000.

2. Give your current Arkansas Sales Tax Number: \_\_\_\_\_

3. Give your S.S. Number or Federal I. D. Number: \_\_\_\_\_

4. Give the number of machines you plan to operate in the coming year \_\_\_\_\_.

5. Check one: \_\_\_\_\_ sole-proprietorship \_\_\_\_\_ partnership \_\_\_\_\_ Corporation  
If you have checked partnership or corporation, list owners/stockholders including yourself, on the reverse side of this application/notice, giving name, address, phone number and percentage of business and/or stock each individual owns.

6. Have you or any partner/stockholder been convicted of a felony, or convicted of any violation of the laws in this state, or the laws of the United States, or any other State? \_\_\_\_\_ If so, give full information \_\_\_\_\_.

8. A Surety Bond shall be filed with the Department of Finance and Administration. The amount of the bond required is \$6,000.00. Give the name and address of the Bonding Company: \_\_\_\_\_, Bond Number \_\_\_\_\_.

I (we) agree to abide by the provisions of A.C.A. 26-57-401 et. seq. and to conform to all rules, state tax laws and regulations promulgated pursuant thereto.

I (we) understand that any machine found operating which does not have, for whatever reason, stamps or permit number attached, may be seized by an authorized agent of the Finance and Administration Department and may not be released until a stamp and/or penalties, all taxes due and costs of such seizure are paid.

Enclosed herewith find \_\_\_\_\_ Typed: \_\_\_\_\_  
*cash-check-money order* *Name of Business Official*

in the amount of \$ \_\_\_\_\_ Typed: \_\_\_\_\_  
*Official Title*

for a permit expiring June 30, 19 \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: Signed: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Public

PARTNERS/STOCKHOLDERS - NAMES, ADDRESSES, PERCENT OF OWNERSHIP

I (we) do hereby agree to abide by Arkansas Act 397 of 1985 Section 1, (a):  
"At least one-half (1/2) of any partnership or corporation applicant is owned  
by a resident of Arkansas who has been such continuously for at least one (1)  
year prior to the application and which resident shall be the party accountable  
for the collection and reporting of all state taxes and for compliance with Act  
553 of 1977, as amended." I (we) do attest that I (we) understand the above  
referenced laws, that the responsibility and accountability for collecting and  
reporting state taxes, fines, penalties and compliance with Act 553 of 1977, is  
that which is mine (ours).

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Length of residence in Arkansas\_\_\_\_yrs.

Length of residence in Arkansas\_\_\_\_yrs.

Percent of stock/ownership held\_\_\_\_\_

Percent of stock/ownership held\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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Name: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Length of residence in Arkansas\_\_\_\_yrs.

Length of residence in Arkansas\_\_\_\_yrs.

Percent of stock/ownership held\_\_\_\_\_

Percent of stock/ownership held\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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Name: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Length of residence in Arkansas\_\_\_\_yrs.

Length of residence in Arkansas\_\_\_\_yrs.

Percent of stock/ownership held\_\_\_\_\_

Percent of stock/ownership held\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature